

Fill in this Information to identify the case: Document Page 1 of 2

Debtor 1 Ronald A Johnson
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania
 (State)

Case number: 17-23925-TPA

FILED
 11/11/2021 11:57 am
 CLERK
 U.S. BANKRUPTCY
 COURT - WDP

Form 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$ 11,875.00

Claimant's Name: Adams & Cohen, LLC

Claimant's Current Mailing Address, Telephone Number, and Email Address: P O Box 24048
 Jacksonville, FL 32241
 Telephone : 904-204-9148
 Email: admin@adamscohen.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

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☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Western District of Pennsylvania
 700 Grant Street, Suite 633
 Pittsburgh, PA 15219

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: November 2, 2021

Signature of Applicant

Jairo Camargo for Adams & Cohen, LLC

Printed Name of Applicant

Address: Adams & Cohen, LLC
P O Box 24048
Jacksonville, FL 32241

Telephone: 904-204-9148

Email: admin@adamscohen.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Florida

COUNTY OF Duval

This Application for Unclaimed Funds, dated November 2, 2021 was subscribed and sworn to before me this 2nd day of November, 2021 by

Jairo Camargo

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:



Oslenys B Alba
 Comm. # **GG324795**
 Expires: **May 13, 2023**
 Bonded Thru Aaron Notary

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires: